U.S. Department of L bor Office of Labor-Management Standards Washington, DC 20210

of the

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 16 2	2. Fiscal Year Covered From:		
	8 / 1 / 04 Through: 7 / 31 / 05		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Harold C Kronz	Name I.B.E.W. Local Union 308		
A Company of the control of the cont	Labor Organization File Number 010-101		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 11755 - 87th Avenue North	Street 1401 - 9th Avenue North		
City Seminole	City St. Petersburg		
State Florida ZIP Code + 4 33707-3564	State Florida ZIP Code +4 33705-1222		
5. Position in labor organization. Business Manager/Financia	il Secretary		
an equation and the past fiscal year, you or your spot Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu-	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
Name and address of Employer (including trade name, if any).	7.a, Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			
Signature Majore : Independent to the superior of the superior			
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the		
A SA	geras set principe gos av eveg viet). Bivas set principe entre gos av eveg viet).		
Signed Harold Ream	on 8/12/05 727.397.0315		
70	Date Telephone Number		
Form LM-30 (2003) ^{3, 33 (33)}	Page 1 of 2		
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Name of Person Filing Harold C. Kronz		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name St. Petersburg Electrical J.A.T.C.			
Trade Name, if any: Electrical Joint Apprenticeship	a. Labor Organiza	lion	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 1401 - 9th Avenue North	o. Empoyo.		
City St. Petersburg			
State Florida ZIP Code + 4 33705-1222		•	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali		
Name T.B.E.W. Local Union 308	Administration of Hours per week.	of Apprenticeship Program (15) (Director of Apprenticeship)	
Trade Name, if any: Local Union		IBEW Business Manager (25)	
P.O. Box, Bldg., Room No., if any			
Street 1401 - 9th Avenue North	11.b. Approximate dollar valu	e of such dealing.	
City St. Petersburg	12.a. Nature of interest held	Summanum sum	
State Florida ZIP Code + 4 33705_1222		ts for 15 hours per week from Electrical J.A.T.C.	
	12.b. Amount.	27,769.41	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	4	
(including trade name, if any).		THE STATE OF THE S	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		
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